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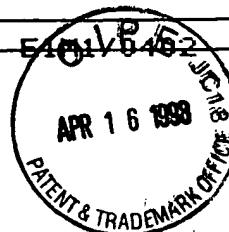
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1. CORRESPONDENCE ADDRESS

BULLWINKEL PARTNERS LTD
SUITE 1300
19 SOUTH LASALLE STREET
CHICAGO IL 60603-1493



2. INVENTOR(S) ADDRESS CHANGE (Complete only if there is a change)

INVENTOR'S NAME

Street Address

City, State and ZIP Code

CO-INVENTOR'S NAME

Street Address

City, State and ZIP Code

 Check if additional changes are enclosed

APPLICATION NO.	FILING DATE	TOTAL CLAIMS	EXAMINER AND GROUP ART UNIT	DATE MAILED
08/603,657	02/20/96	003	SCOTT, J	2112 04/02/97
First Name PANUCE. Applicant		DONALD G.		

TITLE OF CAM OPERATED INVERTER BYPASS SAFETY SWITCH
INVENTION (AS AMENDED)

ATTY'S DOCKET NO.	CLASS-SUBCLASS	BATCH NO.	APPLN. TYPE	SMALL ENTITY	FEES DUE	DATE DUE
2	200-014.000	L52	UTILITY	YES	\$645.00	07/02/97

3. Correspondence address change (Complete only if there is a change)

Harold J. Fassnacht
BULLWINKEL PARTNERS, LTD.
19 South LaSalle Street - Suite 1300
Chicago, IL 60603-1493

4. For printing on the patent front page, list the names of not more than 3 registered patent attorneys or agents OR, alternatively, the name of a firm having as a member a registered attorney or agent. If no name is listed, no name will be printed.

1. BULLWINKEL PARTNERS, LTD.

2. _____

3. _____

5. ASSIGNMENT DATA TO BE PRINTED ON THE PATENT (print or type)

(1) NAME OF ASSIGNEE: ADVANCE CONTROLS, INC.

(2) ADDRESS: (CITY & STATE OR COUNTRY) Wood Dale, Illinois

6a. The following fees are enclosed:

 Issue Fee Advance Order - # of Copies 10

6b. The following fees should be charged to:

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 Issue Fee Advance Order - # of Copies _____ Any Deficiencies in Enclosed Fees _____

The COMMISSIONER OF PATENTS AND TRADEMARKS is requested to apply the Issue Fee to the application identified above.

(Authorized Signature)

 4/24/97 (Date)

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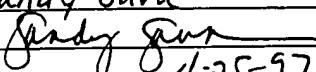
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Box ISSUE FEE
Assistant Commissioner for Patents
Washington, D.C. 20231

on: April 25, 1997

(Date)

Sandy Sava

(Name of person making deposit)



(Signature)

4-25-97

(Date)

1. TRANSMIT THIS FORM WITH FEE